

Public Health Impact of the 1992 Los Angeles Civil Unrest

CASWELL A. EVANS, Jr., DDS, MPH

Dr. Evans is Assistant Director of Health Services and Director of Public Health Programs and Services for the Los Angeles County Department of Health Services.

Ronald Friesen, MPH, Administrative Aide, Public Health Programs and Services, assisted in data collection and research in preparation of this paper.

Tearsheet requests to Dr. Evans, Los Angeles County Department of Health Services, 313 N. Figueroa, Los Angeles, CA 90012; tel. 213-240-8156.

Synopsis

The Los Angeles civil unrest in April 1992 stunned the nation. The days of violence resulted in 53 deaths, 2,325 reported injuries, more than 600 buildings completely destroyed by fire, and approximately \$735 million in total damages.

The purpose of this paper is to give an overview of the activities of the Public Health Programs and Services Branch of the Los Angeles County Department of Health Services during and after the civil unrest and to illustrate the types of public health issues and problems that may result from large-scale civil disturbance. Public health agencies and jurisdictions should consider these issues in their disaster planning.

Public Health Programs and Services Branch activities were directly affected by the violence and destruction. Women, Infants and Children Program vouchering sites and 20 drug program and alcohol recovery sites were damaged or burned and 15 county health centers closed during the unrest. At least 38 private medical and dental offices and 45 pharmacies were destroyed or damaged. County health authorities offered facilities to house relocated private care providers and filled prescriptions for medications where needed.

The environmental health impact required the inspection of 2,827 burned and damaged sites for hazardous waste including asbestos; at 9 percent of the inspected sites, waste required special disposal. More than 1,000 food facilities suffered damage and required inspection before reopening.

In the 3 months following the unrest, a 20-percent increase in disposal capacity was authorized at four county landfills to accommodate the disposal of debris.

Violence was a public health issue of particular concern. The Centers for Disease Control and Prevention sent a team to study the violence from an epidemiologic perspective. The Federal agency also provided funding for televised children's talk shows dealing with reactions to the violence.

WHETHER IT IS CALLED CIVIL UNREST, an uprising, a rebellion, an incident, civil disruption, civil disorder or disobedience, a riot, an insurrection, a disaster, or just "serving notice," events in Los Angeles have compelled the attention and reflection of all America.

The Los Angeles County Board of Supervisors declared a local emergency at 9:15 p.m. on Wednesday, April 29, 1992. The next day, California Governor Pete Wilson declared a state of emergency. Two days later, President George Bush signed a Federal Declaration of Disaster, federalized the California National Guard, and made available regular U.S. Army and Marine units

for deployment. Strict night curfews were enforced in the City and County of Los Angeles from April 30 to May 4, 1992, and nonessential activity in riot areas was discouraged. More than 9,800 National Guard troops were dispatched to restore order.

Data on the 5-day incident are dramatic. A total of 53 persons died and 2,325 were reported injured, 248 of whom were admitted to hospitals. People were shot, stabbed, burned, beaten, and maimed; many were left permanently disfigured or disabled (1). There were 18 law enforcement officers and 54 firefighters and paramedics among the injured. More than 600 buildings were destroyed completely

by fire, with many more partially damaged by both fire and vandalism, in Los Angeles County (2).

The number of fires does not reflect the total number of businesses lost to fire, since a building housing several businesses but sharing a common roof, such as street corner "mini-malls," is counted as a single structure. The mini-malls proved to be frequent targets of the disturbance.

In addition to injuries and arson damage, the Los Angeles Police Department (LAPD) reported 3,330 burglaries in a 12-day period beginning April 29. This total is twice the number reported for the same period in 1991, but it indicates that not all of the 1992 burglaries were riot-related. Although the rate of all other serious crimes decreased during this same period, more than 12,500 arrests were made, including 5,590 for felonies. Not all of these arrests, however, were riot-related.

The disturbance had no geographic center. While the general area of south central Los Angeles was the flash point, disorder was evident in the Hollywood, Koreatown, and San Fernando areas of the City of Los Angeles as well (see chart). A wide area of Los Angeles County was also affected, including the cities of Compton, Lynwood, Long Beach, Huntington Park, Inglewood, and Hawthorne, in addition to nearby unincorporated areas. The City of Los Angeles suffered 76 percent of the damage. The total damage estimate is approximately \$735 million (2).

As much as half the total dollar loss and destruction was experienced by the Asian American community. Thai and Filipino businesses in the Hollywood area were hit hard, as were Vietnamese stores in East Los Angeles. The Korean community, as was well-publicized, suffered the most severe damage in west and south Los Angeles, with approximately 2,500 businesses damaged in some way. More than 70 percent of the businesses burned in Long Beach were Asian-owned. At the height of the unrest, a Korean radio station called for Korean vigilantes to patrol the streets and protect Korean business (1). The destruction in the Asian community may have been due to strained relations between African Americans and Korean Americans as a result of prior unfortunate incidents.

Public health studies and reports of events similar to the civil disorder in Los Angeles are few (3-5). Civil disorder shares the characteristics of both war and natural disaster, war because of the violence and intentional destruction involved and natural disaster because of the relative unpredicta-

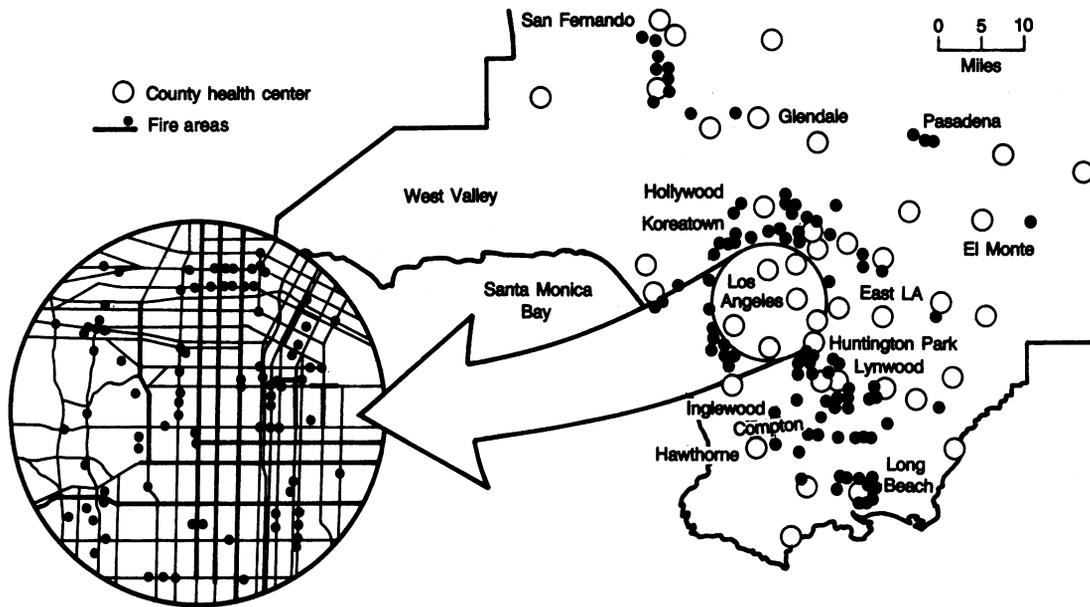
bility and brief intensity. Unique to the Los Angeles situation was the manner in which health and fire personnel delivered services during the unrest. Their speed and effectiveness were hampered by their need of police protection. Police escorts accompanied every firefighting unit dispatched. One such dispatch included approximately 30 LAPD officers and resulted in a fierce gunfight, lasting several hours, with armed rioters at a housing project. Two residents were killed and several others wounded.

Background

The Watts riots of 1965 also originated in south central Los Angeles. They were the first of what were known as the "race riots" of the 1960s (6). These riots that covered a large area of south Los Angeles started in reaction to a confrontation between a white California Highway Patrol officer and a young African American near Watts. A hostile crowd gathered and, before long, police were barraged by rocks and bottles. The ensuing violence, fires, and looting continued for 6 days and led to 34 deaths, more than 1,000 reported injuries, and approximately \$40 million in property damage (7a).

The Watts riots prompted an in-depth investigation by the McCone Commission (8) appointed by then Governor Edmund G. Brown. In addition to other recommendations, the final report benefitted from a detailed assessment of health services in the riot area by Milton I. Roemer, a preeminent figure in public health. The investigation documented serious deficiencies in both the quantity and quality of available health services. Dr. Roemer concluded that the deficiencies added to the frustration and misery that led to the large-scale violence (6). Several of the 16 health-related recommendations were ultimately implemented, including the construction of a new hospital in the area. The Martin Luther King, Jr., Hospital, born out of this recommendation, has been in operation for 20 years and was one of three hospitals treating the largest number of casualties in the 1992 civil unrest. Other tangible results from the McCone report were the development of three large comprehensive health centers in the area.

The McCone Commission's findings received mixed reviews. In a 1966 book about the Watts riots, Crump quoted some who were disappointed with the results of the detailed and costly investigation, "The McCone Report contained little information that an intelligent college undergraduate



could not have unearthed during 2 weeks of research'' (7b). Nevertheless, the report helped to consolidate and publicize the urban problems underlying the riots. Although community leaders had been warning about the same issues for years, the McCone report had its own prophecy (8):

As a Commission, we are seriously concerned that the existing breach, if allowed to persist, could in time split our society irretrievably. So serious and so explosive is the situation that, unless it is checked, the August riots may seem by comparison to be only a curtain-raiser for what could blow up one day in the future.

Many residents of the area recognize that life in the community is different today than it was 27 years ago. They also realize, however, that little has changed or improved in terms of the underlying causes of civil unrest. With the general background of discontent, two events served as social tinder during the months preceding the 1992 unrest.

In November 1991, a judge found a Korean grocer guilty of voluntary manslaughter in the March 1991 shooting death of a 15-year-old African American girl, whom the grocer alleged was stealing a soft drink. The slaying received graphic media coverage at the time because the incident was captured by the store's security video system that clearly showed the grocer shooting the girl in

the back of the head. The grocer was sentenced to 5 years' probation and 400 hours of community service. The lenient sentencing and a subsequent unsuccessful campaign to recall the judge were played out before an anxious community.

The second event involved an African American motorist who was beaten by officers of the LAPD following a vehicular infraction and chase. This beating was also recorded on videotape by a local resident, and it was seen throughout Los Angeles and the nation. The highly publicized 3-month trial of the four accused LAPD officers concluded on April 29, 1992, more than a year after the beating incident. The officers were acquitted of charges of excessive force. The jury verdicts incited the immediate conflagration of anger, destruction, and anarchic behavior that dwarfed the Watts riots of 1965.

Department of Health Services Response

Public health response to the civil unrest proved challenging in terms of the need for timely, sufficient, and appropriate delivery of services. I will briefly review the involvement of the Los Angeles County Department of Health Services (DHS) and its Public Health Programs and Services Branch (PHP&S) during and after the unrest, pointing out the wide range of potential public health issues that can arise at such a time.

In the aftermath of the turbulent events a massive rebuilding and healing effort was launched.

In many ways, the effort began with communications. The first step following any form of major community disruption is to assess damage both to physical structures and operating capacity. A study of the 1984 chemical disaster in Bhopal, India, confirms the importance of gathering information immediately after an event, despite chaos and confusion (9). The immediate postdisaster period, however, is also the most difficult time to gather data.

In Los Angeles, the assessment was made more difficult by the physical damage to commercial telephone operating systems and the overload of incoming and outgoing calls to family members, loved ones, and associates. Understandably, everyone had a great need to communicate, to "check in" and "check out" the status of their interests in the community. Consequently, both landline and cellular telephone systems were jammed or dysfunctional. Physical damage to telephone systems resulted in 240,000 customers losing service (10). Telephone service disruption continued for many days after the height of the unrest. As a result, administrative staff members had to drive to many of the PHP&S facilities in the affected areas to assess the situation and report back in person or find a functioning telephone. Although none of the more than 50 buildings in the PHP&S system received significant damage, this assessment took several days and was conducted at some risk of personal danger.

The assessment of damage included the need to determine the capacity of PHP&S staff members, especially with regard to their physical and emotional status. On April 29, 1992, the first day of the unrest, the disturbances occurred after business hours, for the most part. Only scheduled evening clinics and two 16-hour-a-day urgent care centers were affected. The urgent care centers remained in operation throughout the unrest. Working on the premise that it was important to maintain health services, county health officials adopted the policy of operating as scheduled unless, in the judgment of the local administrator, it became too dangerous. Some staff members who stayed on the job were physically brutalized, and several had automobiles damaged or destroyed. Nearly all staff members were traumatized by the proximity of gunfire and structural fires.

At the start of the second day of unrest, all 47 PHP&S health centers and comprehensive health centers were in operation. By noon that day, 10 health centers in the impact areas were closed. By 3 p.m., five more had closed. By Friday, May 1,

most of the PHP&S system, along with much of Los Angeles County and City government, was shut down. County and private hospitals remained open, however.

Other public services were also affected. Damaged power lines and transformers left 45,500 customers without electricity. Bus service and Metro rail service were temporarily suspended after employees were attacked and vehicles damaged (10). The sale of gasoline in small containers was restricted. Freeway off-ramps were closed, and road blocks were set up to limit the traffic passing through major areas of unrest.

For some time after the height of the disturbance, several types of DHS staff members who typically work in the community experienced particular stress in completing their duties. For example, public health nurses, public health investigators, and sanitarians all faced difficult situations in terms of their own safety and unobstructed movement. Transportation routes were disrupted and a number of areas were subjected to sporadic gunfire for several days. When full operations resumed on Monday, May 4, psychological rehabilitation services, provided by the county's Employee Assistance Program, were made available to staff members. Added security protection helped calm others. Even after 3 weeks, however, some staff members had yet to return to their workplace as a result of psychological trauma.

The effects of the unrest on programs and services were numerous. While it is not possible to discuss all the consequences and describe each situation fully, the following summary provides an overview:

Women, Infants and Children Program (WIC). Several WIC vouchering sites and many grocery stores that honored WIC vouchers were burned out or looted. Alternative voucher sites had to be established; a major site was relocated to a PHP&S facility. Various food banks and food pantries offered their services as voucher redemption sites. Emergency rations of WIC supplement items, especially infant formula, were sent by the State to stores that were still operational. Communication and site assessment for damage remained a problem for nearly a week.

Drug program services. Approximately 20 drug treatment and rehabilitation facilities were affected by the disorder. These facilities suffered a range of difficulties from minor program disruption to severe fire damage. Where necessary, methadone sup-

plies were maintained at alternative sites and take-home dosages were increased when possible. Assistance was immediately obtained from the National Institute on Drug Abuse of the Public Health Service to ensure that drug program services were restored quickly.

Alcohol program services. There was a similar pattern of disruption at program sites for alcohol recovery services. A fundamental difference was that retail alcohol outlets were specifically targeted by rioters in the impacted areas. A total of 138 outlets for alcohol sale were looted, with 46 subsequently damaged or destroyed by fire. Of the damaged outlets, 88 percent were owned by Korean-Americans, according to internal PHP&S reports.

The civil unrest reopened the issue of the concentration of liquor stores in south central Los Angeles. A unique opportunity developed to explore options to limit the reopening of outlets. Many community residents opposed the reopening of these stores. They noted that some liquor stores sell alcohol to minors and are frequently the site of crime, drug sales, and other neighborhood problems. In addition, research has shown a significant correlation between the availability of alcohol to adolescents and adults, the density of liquor stores, the amount people drink, and the occurrence of crime, alcohol-related deaths, and automobile collisions in the community (11-13).

Concerns about the number of liquor stores in south central Los Angeles are not new. In 1983, as a result of organized protests by community residents, the City of Los Angeles enacted a conditional use permit ordinance to limit the number of new alcohol outlets. The current effort to limit the number of reopened liquor outlets has attracted sizable community support and attention. There are many divisive issues involved, however, and the effort is surrounded by controversy.

Pharmacy services. More than 45 pharmacies were burned, looted, or damaged during the unrest. Supplemental pharmacy services became an immediate concern. Existing commercial pharmacy hours and staff were augmented by health department facilities to enable community residents to get needed prescriptions filled. The expansion of services was facilitated by resource assistance from the California State Department of Health Services. In addition, unaffected private pharmacies in the impacted areas expanded hours of service and personnel in an attempt to meet the need.

'Some staff members who stayed on the job were physically brutalized, and several had automobiles damaged or destroyed. Nearly all staff members were traumatized by the proximity of gunfire and structural fires.'

Medical care. At least 15 private medical and 23 dental offices, including buildings, equipment, and patient records, were lost to fires, according to internal PHP&S reports. The degree of impact on each provider varied. Some had no automated information systems, and when the files were burned, patient records, billing accounts, and bills in the process of being submitted, were destroyed. It is estimated that 20,000 patients lost services and medical records (14). It was not possible for many practitioners to notify patients quickly about relocated facilities or alternative arrangements.

Some of these providers had made career choices to practice in these communities rather than in more lucrative areas. Several were known for their charity care and lived on modest incomes from their practices. For those with current outstanding loans, now facing the added costs of relocating or rebuilding their practices, the disruption resulted in major hardship. Medical societies, colleagues, and PHP&S offered relocation or co-location assistance where possible. Since the unrest, only two physicians have reopened in close proximity to their former offices. All but two of the others have opened offices in other areas of Los Angeles County.

For patients, the problems were numerous, extending from finding new sources of care to confirming immunization status for school entry and getting needed prescriptions refilled. Ten PHP&S public health nurses were lent to the American Red Cross for 2 weeks to help patients with their many and varied difficulties.

Other medical care problems were much more extensive. It is estimated that 25,000 people were immediately out of work as a result of the civil unrest and that 5,000 to 7,500 jobs are at long-term risk. While many found new employment, affected workers and their families face uncertainty regarding health services. Estimates are that only half of those who lost jobs had any form of health coverage from their employment. The others at least had income that could be applied to cover health care costs when necessary. This group, for the most part, joined the 2.7 million Los Angeles

County residents (32 percent of the population) without coverage for health care.

The result has been an increased need for public services at a time when severe cuts in State and county supported health services were being planned. It is likely that this population will turn to Los Angeles County's health centers and hospital emergency rooms for their care, exacerbating pressures on an already overburdened public health system.

Environmental health

Water quality. In the City of Los Angeles, firefighters used approximately 50 million gallons of water during the first 3 days of unrest. Although this volume represented only 3 percent of the city's total daily consumption, it caused several public health problems.

The water run-off surged through the storm drain system emptying into Santa Monica Bay. Because of the amount of polluted discharge, surrounding beaches were ordered closed and alerts were issued regarding the potential hazard of contact with the affected surf. Los Angeles City Department of Water and Power staff members also monitored the public water supply to ensure that no contamination had occurred.

The amount of water used to contain the spread of fire left stagnant pools and sodden conditions in a wide area. The potential for mosquito breeding had to be assessed, since the event occurred at the start of the breeding season. Because the Los Angeles area has had problems with mosquito-borne encephalitis, this matter required particular attention.

Hazardous materials. Hazardous materials in the structures destroyed in the fires posed a potential health threat. Facilities such as paint and hardware stores, cleaning establishments, and gasoline stations were of particular concern. Widespread burning can release hazardous materials into the air and can decompose and denature hazardous waste into other harmful substances, including carcinogens. There was also general concern regarding asbestos in the burned debris and in the atmosphere.

PHP&S staff members assessed the potential threat and explained the conditions to the public and media. Along with the Hazardous Materials Section of the Los Angeles County Department of Forester and Fire Warden, PHP&S staff members surveyed 2,827 sites for the presence of hazardous materials and found 9 percent of them were in need

of clean-up; more than one-third of these contained asbestos. The estimated cost of the hazardous waste clean-up was almost \$3 million. Concern regarding hazardous waste was exacerbated during the days immediately following the unrest when an outpouring of civic concern led many people to assist in the massive clean-up effort, raising the possibility of their exposure to hazardous substances.

Food sources. Fires destroyed many food processing facilities, restaurants, and other commercial food outlets. Hardest hit were 718 retail food markets and 363 restaurants. Inspecting and re-opening food outlets became a priority. According to PHP&S internal reports, 551 licensed food facilities were either totally destroyed or heavily damaged. Another 564 suffered damage of less than 50 percent. The loss of so many food facilities and restaurants resulted in an unexpected decrease in inspection fee revenue. Consequently, there was increased pressure on DHS' Environmental Health Division to meet the already high overall demand for county inspection services at a time of revenue loss.

Many volunteers worked to provide hot meals to workers and those left destitute. Churches, community organizations, and home kitchens were pressed into service. Environmental sanitarians from PHP&S district offices distributed guidelines on safe food handling to organizations involved in food relief. Environmental health staff members were stationed at some community locations where particularly large food preparation and relief efforts were being conducted. The destruction of buildings and the increased availability of food debris heightened concern regarding rat infestation. Where possible, environmental health staff members set aside normal operations for up to 4 weeks to provide special inspection and monitoring services.

Solid waste. Because of the type of rubble involved, solid waste transfer stations became temporary hazardous material staging areas. While the possible toxic content of solid waste entailed some concern, the major problem has been volume. On a typical day, approximately 40,000 tons of solid waste is disposed of in 16 Los Angeles County landfills. It is estimated that the unrest may have resulted in as much as 100,000 tons of debris needing disposal. A 20-percent increase was authorized in daily allowable limits for solid waste disposal at four of the county landfills.

Air quality. The amount of smoke in the air led to a concern about the potential for upper respiratory problems among the public. This problem did not develop and, despite the thick smoke emanating from the numerous fires, air pollutant levels never exceeded Federal 24-hour standards. Fine dust levels, however, normally under 100 micrograms per cubic meter, varied substantially on an hourly basis. For example, on the second day of the fires, the South Coast Air Quality Management District recorded 80 micrograms per cubic meter in downtown Los Angeles at 1 p.m., 157 at 2 p.m., and 234 at 3 p.m. An hour later, levels peaked at 449. A monitor 20 miles east of Los Angeles recorded a peak of 292, surpassing the average of 92 micrograms per cubic meter at that location (15).

Toxic gases from burning stores containing hazardous materials may have posed a health threat, especially to persons in the immediate vicinity. Toxic substance monitoring stations, which require equipment not found in regular monitoring stations, were not set up because of the potential for violence in the affected areas.

Violence. While Los Angeles was still smoldering, the Centers for Disease Control and Prevention (CDC) dispatched a team of injury epidemiologists to the area. In conjunction with the PHP&S Injury Prevention and Control Project staff and members of the Emergency Preparedness and Injury Control Section of the California Department of Health Services, CDC staff members conducted medical chart reviews of people who sought care at area hospitals as a result of the unrest. Logs from hospital emergency departments were reviewed in a study of the effects of the violence from an epidemiologic perspective. This work is not yet complete.

The CDC injury epidemiology team arrived with a draft version of a CDC document intended as a resource guide for violence prevention in the community. PHP&S offered to translate the document into Spanish, a necessary step if the guide was to have significance in the area. In addition to providing support for the translation, CDC provided funding to offset costs for a televised "children's town hall meeting" aired on the local public broadcasting television station, KCET. The program was broadcast on three separate occasions over a 3-day period 2 weeks after the unrest.

CDC support was also made available to develop a children's television program and produce an accompanying discussion guide. The program and

discussion guide were designed to assist children of various ages to resolve their psychological trauma and subsequent emotions resulting from the unrest. The program was telecast on Station KSCI in mid-July 1992. Tapes of the program and discussion guide were developed in English, Spanish, and Korean and copied in sufficient quantity for widespread distribution throughout the school systems and among concerned community groups. These materials also serve to augment violence prevention curriculums currently in use in Los Angeles public schools.

Conclusion

The aftermath of the unrest has been characterized by reflection, analysis, and evidence of restoration. A large-scale endeavor, Rebuild Los Angeles, has begun revitalization. Private and governmental organizations have begun working together to resolve the unique problems in the widespread area impacted by the disturbances.

It is too early to know what positive and lasting effects the incident will have on the area. Frustrations were vented, and the community is perhaps more sensitized. Rival gangs in the south central area of the city have entered into a truce. There is an indication, however, that the violence, once directed from one gang to another, is now directed at the general community with no real abatement in violence overall. In fact, while gang-related homicides in the area of truce declined, the ensuing summer months witnessed record murder rates throughout the whole county of Los Angeles (16).

A telephone poll of 1,409 people across the City of Los Angeles conducted by the Los Angeles Times in early May 1992 found that feelings were largely negative regarding the present and future status of the area (17). Sixty-seven percent of respondents believed there was a likely chance of a similar outbreak of violence in the next few years. If given the choice, 16 percent of the respondents said they would move because of the unrest. Twenty-five percent would avoid a few or many roads they had previously used because of the violence. Fifteen percent of those polled had either lost a job themselves or reported job loss of an immediate family member as a result of the civil unrest. Fifty-eight percent said their lives had been disrupted a great deal or a good amount during the unrest; and 30 percent said they would avoid a few or many public places in their own communities, including theaters, parks, and beaches. Many people who lost businesses and other property during

the disturbance have expressed frustration and feel that the aid and relief process has failed, abandoning them.

The long-term effects on the health services system cannot be fully determined at this time. The Watts riots of 1965 resulted in a few more health facilities and services being developed in the area. A task force is now looking at the health issues, especially access, in the aftermath of the 1992 riots. Regardless of the recommendations, there is concern that the overall changes needed, notably in the economy, education, and job opportunities, may not be accomplished. If this is the case, large scale civil disturbances may recur in this area and other areas of the country, where conditions are similar.

Although the Los Angeles County Department of Health Services has a disaster plan to deal with emergency situations, it is a generic approach to disaster preparedness and, as a result, did not apply to the unique problems of large scale civil unrest. The experience has alerted health officials, however, to the vulnerabilities of a community in any type of disaster and has brought about work on updating the disaster plan to include a response to civil unrest.

Local health officials should include response procedures for major civil unrest in their contingency planning. This description of civil disorder in Los Angeles and the involvement of the local health department is intended to serve as an example of the problems and difficulties other health departments might face during similar events in their communities. The real challenge to all public health organizations and personnel is to assist in the prevention of such problems and to focus on prevention of violence as a specific goal.

References.....

1. Dunn, A.: The riots' enduring wounds. Los Angeles Times, Aug. 18, 1992, p. A-1.
2. Los Angeles County, Office of Emergency Management: Los Angeles civil unrest fact sheet, May 28, 1992.
3. Gregg, M. B., editor: The public health consequences of disasters 1989. Public Health Service, Centers for Disease Control, Atlanta, GA, September 1989.
4. Special section: forum on youth violence in minority communities: setting the agenda for prevention. A summary. Public Health Rep 106: 225-278, May-June 1991.
5. Knobel, G. J.: Effect of civil unrest on the incidence of violent and non-natural deaths. S Afr Med J 70: 83-88, July 19, 1986.
6. Roemer, M. I.: Social medicine: the advance of organized health services in America. Springer Publishing Co., Inc., New York, 1978, pp. 102-126.
7. Crump, S.: Black riot in Los Angeles. Trans-Anglo Books,

- Los Angeles, CA, 1966, (a) p. 11, (b) p. 111.
8. Violence in the city—an end or a beginning. A report by the Governor's Commission on the Los Angeles Riots. Los Angeles, CA, Dec. 2, 1965.
9. Koplan, J., Falk, H., and Green, G. P.: Public health lessons from the Bhopal chemical disaster. JAMA 264: 2725-2796, Dec. 5, 1990.
10. Meyers, M., Thomas, T. and Webb, H.: Path of destruction. Los Angeles Times, May 10, 1992, p. A-31.
11. Choquet, M., Menke, H., and Manfredi, R.: Interpersonal aggressive behavior and alcohol consumption among young urban adolescents in France. Alcohol Alcohol 26: 381-390 (1991).
12. Goodman, S.: Agony without ecstasy: alcohol and violence. Current Health 17: 28-29, October 1990.
13. Walfish, S., and Blount, W. R.: Alcohol and crime: issues and directions for future research. Criminal Justice and Behavior 16: 370-386, September 1989.
14. Associated Press: Doctors may not go back to riot area. San Gabriel Valley Tribune, June 8, 1992, p. A-2.
15. Pasternak, J.: A pall over the city. Los Angeles Times, May 2, 1992, p. B-3.
16. El Nasser, H.: Despite gang truce, L.A. 'a war zone'. USA Today, Sept. 4, 1992, p. 5-A.
17. Thomassie, J.: How we feel about ourselves now...and how our lives have changed. Los Angeles Times, May 14, 1992, p. T-4.